Write or attach label
HCR No: ……..……..
CHI No: ……
Surname: ……..……..
Forename: ……..…… Sex: ……..
Address: ……..……...
……
Date of Birth: ……...

NHS Lothian

Early Medical Termination of Pregnancy at home up to 11 weeks and 6 days

□ I have read the information leaflet and had the opportunity to ask questions.

□ I understand that an adult (who speaks English) should be at home with me during the second part of treatment (misoprostol tablets).

□ I understand that I should self-administer misoprostol in my own home

□ I understand that misoprostol is not licensed for use in this procedure but has been shown to be safe and effective

□ I understand I will need to take a second dose of misoprostol after 4 hours if I have no bleeding or little bleeding

□ I understand that there is a small risk of infection (1 in 100) following the procedure

□ I understand that there is a rare risk of haemorrhage (excessive bleeding) with this procedure (approx1:1000)

□ I understand that this treatment does not work in a small number of cases and that there is a possibility of an ongoing pregnancy (1 in 100) or some retained tissue from the pregnancy (1 in 100). In such cases a further procedure (surgical or medical) would be needed.

□ I understand that these signs may mean that the treatment has not worked and that I still may be pregnant, so I should contact the clinic immediately:

- **If I do not bleed within 24 hours of receiving misoprostol tablets**
- **If I have less than 4 days of bleeding**
- **If I still 'feel' pregnant at the end of one week or have symptoms of pregnancy such as sore breasts, sickness, growing abdomen etc.**

□ I understand that follow-up involves me performing a pregnancy test on my urine (first sample in the morning) at home, 2 weeks after treatment to exclude the possibility of an ongoing pregnancy (1 in 100 risk).

□ I understand that if the pregnancy test is positive or invalid, or I am not sure, that I should contact the clinic as soon as possible to arrange for an appointment, as I might still be pregnant.

□ I understand that even if the pregnancy test is negative, that I could still be pregnant, if my next period does not come by one month after the treatment.

□ I understand that if the treatment fails and I am still pregnant, that doctors cannot guarantee that the pregnancy will be healthy.

□ I understand that fertility returns immediately after this treatment and that contraception should be started immediately after the procedure to avoid an unplanned pregnancy

Section to be completed ONLY for women who have NOT had ultrasound prior to treatment

□ I understand that based on the information that I have provided, that I have been assessed as not requiring an ultrasound prior to treatment. I have been given the option of having an ultrasound if I wish, but I am choosing to proceed without an ultrasound.

□ I understand that the stage of my pregnancy has been based on the date of my last menstrual period. I understand that if this date is wrong, then there is a chance that the pregnancy may be more advanced than I think. In such circumstances the treatment is less likely to work and there may be more pain, bleeding with passing a larger pregnancy.

□ I understand that an ectopic pregnancy (a pregnancy outside the womb) occurs in less than 1 in 100 pregnancies but that based upon the information that I have provided, I have been assessed as being at an extremely low risk of having an ectopic .

□ I understand that an ectopic pregnancy cannot be fully excluded and therefore if I develop pain on one side of my abdomen, or feel faint ,either before or after completing my treatment, that I should contact the service to get advice. I understand that if I have pain that is severe, I should attend the local emergency department.

Section to be completed ONLY for women between 10-11+6 week's gestation

□ I have received and understood the information about what to expect with medical abortion at home at this stage of pregnancy

□ I understand that I have the option of having this medical procedure in the hospital, but I am choosing to have this at home

□ I understand that the existing information would suggest that for women choosing home treatment at this stage of pregnancy is safe, but is associated with more pain and bleeding than at earlier stages of pregnancy

□ I understand I will need to take a third dose of misoprostol (3-4 hours after the 2nd dose) if I have no/ minimal bleeding

□ I understand that if I have no/minimal bleeding after the 3rd dose of misoprostol that I should contact the clinic or hospital

□ I understand that for medical termination after 10 weeks, women with a blood group that is rhesus negative can receive an injection of Anti –D. I understand that this has been discussed with me and I have declined to attend for blood group testing to determine if this is required.

OR

□I understand that for medical termination after 10 weeks, women with a blood group that is rhesus negative can receive an injection of Anti –D. I am known Rhesus negative, or do not know my blood group, and will attend for blood testing to confirm this and receive an Anti-D injection

Patient signature/print name……..... Date……

Staff signature/print name……..... Date……